

**California Department of Alcohol and Drug Programs (ADP)
Narcotic Treatment Program Advisory Committee (NTPAC) Meeting
August 25, 2011**

Members Present:

Birdie Klopf
Carolyn Perry, PA
Mark Hickman
Dave White, Ph.D. via phone
Peter Petite, for Steven Maulhardt
Stan Sharma, Ph.D.
Alice Gleghorn, Ph.D., CADPAAC
Dennis Koch, CADPAAC
Judy Martin, MD, CSAM
Jason Kletter, Ph.D., COMP
Elinore McCance-Katz, MD, ADP State Medical Director

Welcome

The meeting was called to order by Millicent Gomes, Acting Deputy Director of the Licensing and Certification Division (LCD). After initial welcoming of the NTPAC committee, Michael Cunningham, Acting Director of ADP, updated the committee on Drug Medi-Cal (DMC) duties transferring to the Department of Health Care Services, realignment proposal, & the elimination of the Department of Alcohol and Drug Programs. Next was the round table of membership introductions and updates.

Proceedings

Millicent Discussion: LCD and NTP Updates

- NTP has filled two of three vacancies; Aisha Coleman is our new administrative licensing analyst and will be the new advisory committee coordinator and NTP has a new field licensing analyst, Doug Jang.
- Developing application review documents.
 - Jason Kletter and Peter Petite volunteered to review application documents for NTP.

Gigi Smith Discussion

- Gigi discussed Other Health Coverage (OHC) and how providers can enter codes to override billing for DMC services. She will be drafting a bulletin to send to providers regarding this issue. She also discussed issues with OHC's (e.g., Kaiser) not providing the correct denial language for DMC reimbursement and how the county and providers can create a warehouse to share OHC information with all of California. Millicent, Marjorie and Dave will work on language in reference to denials. This language must be approved through the Centers for Medicare and Medicaid Services (CMS) and Department of Health & Human Services.

Items that NTPAC members would like to look at and discuss in the future:

- The Committee would like ADP to look into the possibility of having more County involvement in reference to Certification of Needs letter. County Administrators would like to see collaboration between ADP and counties.
- Coordination of the application process; between Center for Substance Abuse Treatment (CSAT), Drug Enforcement Administration (DEA), accreditation entities, and the state.
- Allowing submission of protocol for approval on initial applications prior to having a facility.

Millicent Gomes: NTP EXCEPTIONS GOING ELECTRONIC IN 2012

- ADP announced the implementation of electronic transmission for Exceptions and Morbidity reports utilizing CSAT forms. Anticipated start date will be January 2012.

Millicent Gomes: NTP Regulatory Alignment Project

- A presentation identified a comparison of federal regulations and California statutes and regulations previously identified as needing change.
- A “test period” would be done prior to initiating regulatory changes, data will be collected and risks identified.
- The committee was asked to assist in identifying time frames, barriers, emerging issues, and data collection needs to best identify risk outcomes on federal versus state rules and regulations regarding: Detoxification Admission, Maintenance Admission, Patient Examination, Drug Testing, Take-Home/Self-Administered Medication, Pregnant Patients, One-day/Sunday closures, Counseling Requirements, and Annual Update/Two-Year Justification.
- Time allowed only for identification of areas to include in review for change, and the pros/cons of each.
- **Detoxification Admission** discussion included:
 - ✓ Seven days between treatment episodes may be viewed as malicious.
 - ✓ Differences between 21 vs. 180 days detox (CCR, Title 22 issue).
 - ✓ State would benefit from having 180 day detox period, i.e., less claims, less staff time.
 - ✓ Federal does make exceptions to the two detoxifications per year.
 - ✓ Twenty-one day detox is too low of a threshold to get patient into Medical Maintenance Treatment (MMT).

Recommendation: ADP will look into the fiscal impact and potentially submit a Legislative Proposal to change Health and Safety Code i.e., seven days in-between episodes.

- **Maintenance Admission** discussion included:

- ✓ Federal government requires one year history of addiction; state requires two year documented history.
- ✓ Legislative intent is outdated; outcomes identify patient success with long-term maintenance.
- ✓ CCR, Title 22 issues on urinalysis (U/A), required testing.
- ✓ U/A and blood tests, community needs should be taken into account.

Recommendation: Aligning the States rules and regulations with the federal government would be beneficial.

- **Examination** discussion included:

- ✓ Addiction exam is needed, has to occur for admission.
- ✓ Doctor determines one year addiction.
- ✓ Entire physical can wait.
- ✓ Safety to dose is part of federal regulations.
- ✓ Look at accreditation guidelines.
- ✓ Physical dependence, safety to dose – look at accreditation guidelines, entire history at later date.

Recommendation: Safety to dose is part of federal regulations. (physical dependence vs. entire history) There are T22 issues on tests paid. Providers would like ADP to compare with what accreditation requires. It may be best to maintain State regulation.

- **Drug testing** discussion included:

- ✓ What is the utility of having 12 U/A tests?
- ✓ Eight is probably appropriate for most patients but keep weekly U/A's for pregnant patients.
- ✓ Swab does not give metabolite.
- ✓ Swab at time of admission only.
- ✓ Certified - in house testing is not as legitimate.
- ✓ Dip stick for immediate discussions.
- ✓ California Society of Addiction Medicine (CSAM) - Test panel should include what is common in community.
- ✓ Federal government does not give exceptions for U/A they advise to use alternative method.
- ✓ Use any lab, should not be specific.
- ✓ Potential Title 22 issues.
- ✓ Approved labs only, this provides reliability.
- ✓ Different labs have a lot of variance.

Recommendation: No real consensus on the form of testing. Some state that urine testing is a better test than an oral swab. They would like to see regulations changed for fewer tests: align with feds for eight tests a year. Changing the form of testing would require legislative proposal to change statute. Currently, if providers do other forms of testing, they still need to submit a state exception for the urinalysis requirement.

- **Take Home** discussion included:
 - ✓ Go federal, eliminate methadone dilution.
 - ✓ Allow diskettes/wafers especially for long term patients with history of take homes.
 - ✓ Allow flexibility on the refill for 30 day take homes.
 - ✓ Research data on Methadone diversion from NTP clinics.
 - ✓ NTPAC says remove ALL criteria (not revise).
 - ✓ Doctors use pills for pain.
 - ✓ The police know if it is a pill the person is receiving medication for pain not NTP, not using pills provides safety net for NTPs.
 - ✓ Patient advocacy would like pill form.

Recommendation: Some expressed reservations about pill form of methadone..

- **Pregnant Patients** discussion included:
 - ✓ Post Partum – keep regulations. Most patients see their primary care doctor that does U/A, if patients U/A is dirty at delivery their baby will be taken – should collaborate with OBGYN, U/A does not act as deterrent from using.
 - ✓ Continue weekly, the more involved the better.
 - ✓ Even if U/A dirty you still would not terminate treatment, this would place patient in harm.

Recommendation: Based on discussion, it is recommended to maintain State regulations. Some aren't sure that weekly testing really helps. Others state that even if regulations were changed for other U/A testing, they'd still test pregnant patients every week.

- **One-Day/Sunday Closure** discussion included:
 - ✓ Never have all patients been appropriate for take homes (detoxification patients).
 - ✓ Remove (available) 7 days a week.
 - ✓ If no detoxification close one day.

Recommendation: Would like to see more program flexibility. They would like for us to align with the federal government on this issue, which allows for one-

day/Sunday closure. However, detoxification patients would not be allowed take-homes, so any clinics with detoxification patients would not be able to close. (Would like to see “methadone shall be available seven days a week” changed.)

- **Counseling** discussion included:
 - ✓ Use Addiction Severity Index (ASI) to determine patient need.
 - ✓ Doctor should determine need.
 - ✓ Patient’s financial circumstances influence counseling.
 - ✓ Insurance payment determines counseling (some said that county contracts are too limiting).
 - ✓ Better patient outcomes with counseling – statistical proof.
 - ✓ Wants DMC, Title 22, and reimbursement for collateral services.

Recommendation: Providers should provide counseling as necessarily using a standardized tool.

- **Annual Update/Two-Year Justification** discussion included:
 - ✓ Does not like the word Justification – needs annual physical.
 - ✓ California Outcome Measurement System (CalOMS) entry is done annually this should identify need for continued treatment.
 - ✓ Treatment plan should drive need for continued treatment.
 - ✓ Treatments for other diagnosed medical conditions do not have to be justified.

Recommendation: They would like to see State regulations align with the federal government.

Other items recommendations by NTPAC to change/review:

- Cite all information and provide accreditation column on ADP comparison chart.
- Electronic Signatures – ADP will get bulletin out.
- T 9, 10355(g) Changes in the Dosage Schedule: change to mid level practitioners/making changes in dose.
- T 9, 10160(a) Consecutive numbering – remove this.
- T9, 10320 Approved and Licensed Lab – Outdated.
- T22, 51516.1(h)(2), 200 minutes counseling cap, reimbursement for DMC, change to dollar (\$) amount cap.
- ADP should develop relationship with Accreditation.
- Legitimate need for physicians on site.
- Analyst used to give recommendations for improvement while doing on-site – corrections to activities would like that to start again.

Adjournment

Next Meeting

The next meeting will be held Wednesday, November 30, 2011,
11:00 a.m. – 3:00 p.m. at the Department of Alcohol and Drug Programs,
First Floor Conference Room, 1700 K Street, Sacramento, California.